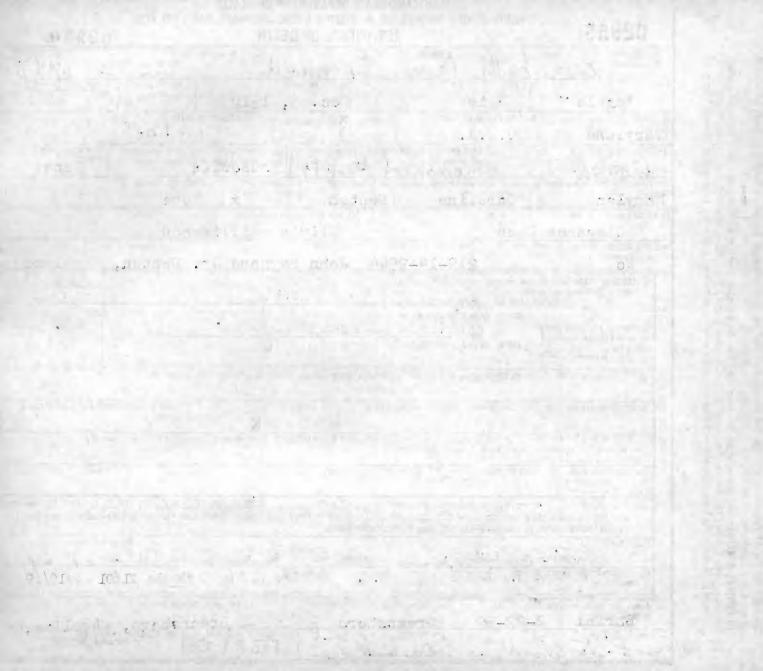
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02954 02949 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death (Type ar print) 4. RACE 3. SEX 6. AGE (In years IF UNCER I YEAR last birthay) DAYS MONTHS T HOURS Ta. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED M NEVER MARRIED country) DIVORCED WIDOWED [10. CITY OR, TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USDAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, eyeh if retired.) INDUSTRY XX burial, cremation, ar remayal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER COUNTY YES XX 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Last Last 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no ar unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for of), (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave ! burial-transit rise to immediate cause (a). signed by 1 DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State While Nat while City or Town County 22a. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 1 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above W twe (did) did not lie with body after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (State) 23a. BURIAL, CREMATION 23d. (County) CAND 00 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. FUNERAL DIRECTOR 30M REV DATEFR 9

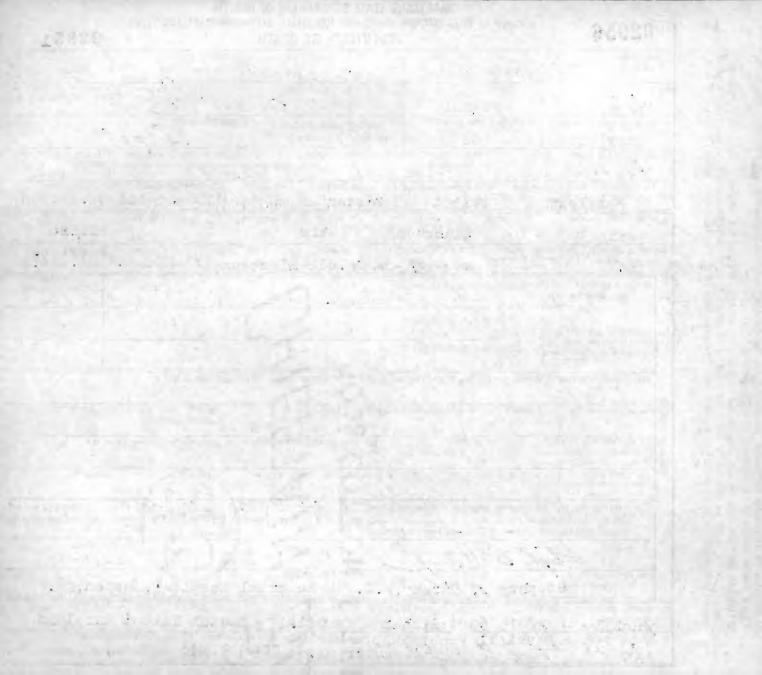
MARYLAND STATE DEPARTMENT OF HEALTH



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2	_	FATHER'S NAME First	Middle Lost		OTHER'S MAIDEN NAME First	Middle	Lost
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	L	es, no ar unknown) (If yes give v	219-14-2	944 J	ohn Baynard	Jr. Denton	
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	ME			CTORY,) 21f. LOCA	TION Street or R.F.D. No.	City or Town	County State
		22a. I certify that (I) (the	is hospital) attended the deceasilive an (i) (we) (did) (did not) view the	ed from 19, and t	rat in (my) (our) opinion	, ta <u>@</u> —/>, 19 n deoth occurred an the do	6/, that (I) (we) last te and hour and from the
MHW DS		22b. SIGNATURE	8 Case	DEGREE	ATTENDING MED. PHYS. DIRECT	TOR STAFF 22c.	DATE SIGNED 2-19-69
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		REMONALISPECITED 2	2-22-69 Gree	CEMETERY OR CR		d. LOCATION (City or Town) Greenshoro	(County) (State)
12	24.	FUNERAL DIRECTOR	ADDRES	02	2Sg. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	SENATURE CONTRACTOR



12_	1			D STATE DEPARTMI			
		02956	DIVISION OF VITAL RECORDS,			E, MARYLAND 21201	
		46990		CERTIFICATE OF I	DEATH		02951
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and the second	3. 5	X /	4. RACE	S. DATE OF BIR		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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icate be executed within 24 h. sician and campletely filled in please remave carban papers, and in any event, within 72 h.		Maryland	USA		CED 🗌	19/00	Md.
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d c	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAI	IDEN NAME First	Middle	Lost
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ertificate le physician en please aval, and	160	WAS DECEASED EVER IN U.S. ARI				Address	Maryland
fica ysic		'es, na, ar unknawn) (if yes give)	var or dates at service) 220 - 129		Blackson	117 Hammon	St. Easton
phy phy ava	\vdash	MO			DIGORDO		APPROXIMATE INTERVAL
at the deoth cer the attending p nsit permit. The mation, or rema		18. CAUSE OF DEATH (Enter on	ally one cause per line far (a), (b), and (c)	2 /	1		BETWEEN ONSET AND DEATH
eof end ar		1MMEDI	ATE CAUSE (0) _ Cereline	heren	my -		3-4 Cm
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He far al		CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year	ZIC. HOW INSORT OCCU	OKKED (Emer note)	s of injury in run 1 di run 2, ii	em to-1
partition policy	MEDICAL	(If either, notify medical exami	ner) P.M. 1	9			
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ffer stat		22o. I certify that (I) (th	i s hospital) ottended the deceas	ed fram 11 and	1969	ta_11 196, 196	27_, that (I) (we) last
N Page		saw the deceased o	live on	19, ond that in (my	y) (our) opinion	deoth occurred on the dat	e ond hour ond from the
D TI DON			e, (i) (we) (did) (dia-not) view the	body offer death.			
Military A A A Military William		22b SIGNATURE	W/10.	ATTENDIN	G MED.	STAFF C	ATE SIGNED
De be de	1	X reg	no Clark	DEGREE PHYS.		R L PHYS. L Z	-11-69
AL AL		22d. PHYSICIAN'S NAME (Type) St.	ephen P. Carney	22e, ADDR		Hospital, Eas	ton Na.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		200					
HOU TOU	230	DEMONIAL IC . IL V		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
5 5 5 p. 2		Burial	2/ 15/69 Rich	ards Memori			Maryland
VRAIS QU		FUNERAL DIRECTORS B D	ashiell Fune Pune	Home Easto	1250. REC'D BY REG	STRAR 2Sb. REGISTRAR'S	
30M REV. 1709		13-6 7	astrel 426	Dover St.	DATE BI	3 1969 Milion	Par Viedas.



MAKTLAND STATE DEPAKTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH 02953 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH death. executed within 24 haurs after death pup Februment and campletely filled in by the funeral Temave carban papers. Pages 1 and in any event, within 72 haurs after deat (Type or print) JAMES BRYAN MARTON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR ldst birthday) DAYS M W Dec. 29,1919 the attending physician upa warpers. Pages it permit. Then please remave carban papers. Pages it permits and in any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEDN NEVER MARRIED country [arvland U.S.A. Talbot WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during prost of working life, even if retired.) INDUSTRY ITTO rural St. Michaels 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY admission) STATE NO T 14. FATHER'S NAME Fiest Middle Lost IS, MOTHER'S MAIDEN NAME First JAMES OLIN BRYAN VIRGINIA BARNER physician PHYSICIAN: The law requires that the death certificate J. Marion Bryan, St. Michaels, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 216-14-9088 Yes, no, or unknown) (If yes give war at dates of service) Mrs. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), god (s).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH burial, crematian, Conditions, if ony, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO A YES 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while at work should be ATTENDING director, page 3 shauld be filed PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, 3b. DATE (County) (Stote) PSMOVAL (Specify) Woodlawn Memorial Park Ma. Easton 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/60 Charley Judge. Easton, Md.

677 10" Lore New Sugara Co Brownshap 10 - 4 - 2 2-14-69

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FOD CTATE	2	/25/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02954
FOR STATE HEALTH DEPT.	L D	CEASED NAME First Middle Lost 20 DATE KNOWN Month	h Doy Yeor 2b HOUR
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Page 4	3 5		17 1969 M
dele mand mand mand mand mand mand mand mand	1	nale white 3-31-95 73 yrs. MONTHS DAYS HOURS MAN Month Doy,	7 Year 10/9/10
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S E G	cour		Md.
haurs after death any delay lem 18. Give Pages 1, 2, and 3 Office alang with farm PM3. Paged 2 with the State Department after death.	10. (TO MAKE OF TORRE OF TORREST THE OF THE PROPERTY OF THE PROPERT	125 KIND OF BUSINESS OR INDUSTRY
after death 8. Give Pagi alang with with the Sta eath.		EASton give street oddress) Memore i Al Hospi during most of working lite even if retired	INDUSTR7
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har Office of the office of th	14. 1	ATHERS NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Frank Sherman Buttlen Alice Sheldon	Lost
2	160	Frank Sherman Butler Alice Sheldon WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Md.
and the second s	{\y	es no. or unknown) (if yes give wor or doles of service) 216-18-5721. Edith Belle Butler, Rt. 1 Bex	1208 Queen Anne
AL EXAMINER: This certificate should be executed within 24 havis all execute the certificate, writing the ward "pending" in pencil in Item 18. Or Page 4 shauld be farwarded to the Chief Medical Examples—Office of far your files. TOR: Page 3 shauld be used as a burial-transit permit. File pages and 2 winial, cremation, ar removal, and in any event within 72 havis affer dec	-		APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
urtec gg' i lical /ithii		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) one (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	10000
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riffica rardec rardec rardec rardec	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s cer e, w farw emo	CERTIFICATION	WAS PERFORMED?	YES NO IX
This icate be be dispensed be ar in	CERTI	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	
INER: This certi e certificate, writ shauld be farwai files, 3 shauld be used atrian, ar remova	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
hineral shaul shaul files.	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R F D No City or Town	County State
TY DICAL EXAMINER: This certificate by please execute the certificate, writing the stall director. Page 4 shauld be farwarded to be retained far your files. **AL DIRECTOR: Page 3 shauld be used as a bariar ta burial, crematian, ar removal, and		WHILE NOT WHILE TOCKORY, office building, etc.) AT WORK AT WORK	
cecute Page far you R:Page ial, cre		22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry	and in my opin on
dor. char.		death resulted fram: Natural causes 🗵, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manne	er 🔲
please directareretained		CHIEF MEDICAL EXAMINER	
JTY DICA ity, please e eral director be retained RAL DIRECT priar ta bu		SIGNATURE MILE STATE OF THE STA	TE SIGNED
		EXAMINER'S NAME (Type) ADDRESS(Street city, town, or county)	2-10-64
TO DEPUTY DICA necessary, please est the funeral director. 5 may be retained TO FUNERAL DIRECTOR Health priar to but	220		(County) (State)
1 2	130	REMOVAL (Specify)	, , , , ,
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAF	S'S SIGNATURE
VR A15ME (5)	The	Jay D. Heverin Funeral Home, Easten, Md. DAFFR 10 1000 CCC.	6. 0
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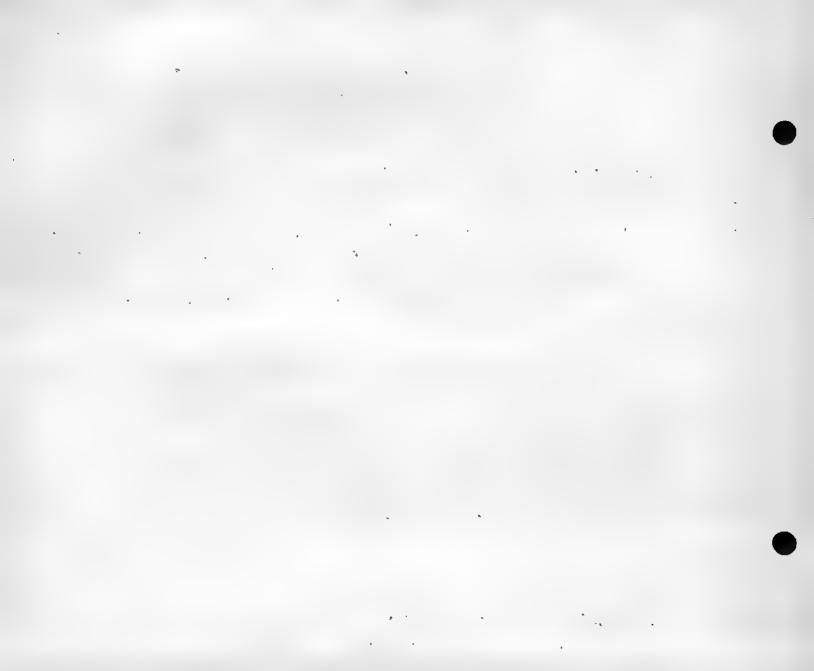


			DIVISION OF VITAL RECORDS	, 301 W. PRESTON ST	REET, BALTIMOR	E, MARYLAND 21201	
N.P.		02960		CERTIFICATE OF	DEATH		02955
death. rerol ond 2 deoth.		PECEASED-NAME First (Ype or print) FRAN	K Joseph	Cep	20	DATE OF DEATH Month 2 D	over 4 Year 69 9 A M
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24-hours after death. Ingg 4 may be retained by the hospital or attending libysician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	3. S.	MALE	4. RACE WHITE	S. DATE OF B	IRTH 16/189	6. AGE (n years last birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
nin 24 fours filled in by popers. P	70 cau		7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED DI NEVER MAR WIDOWED DIVO	RRIED 9. COI	INTY OF DEATH	Md.
icate be executed within 24 for sican ond completely filled in blease remove corbon papers.	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If hot in hospital	during most of	UPATION (Kind of wark done working ife, even if retired)	126 KIND OF BUSINESS OR
completely only ove corbor y event, with		USUAL RESIDENCE (Where deceose ission) STATE	d lived, if institution: Residence before		13d HISIOE CITY LIMITS? YES NO	13e. STREET AND NUMBER	×41
00	14	FATHER'S NAME FIRST	Middle Lost		AIDEN NAME First	Middle	Last
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h certif ing phy Then emova	F	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per ine for (a). (b) and (c	2.9111/19/1	ANKOLL	Fr, CORT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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w required ling we well ling with the purification of the purifica	8	,	DITIONS CONTRIBUTING TO DEATH BUT		V		
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MARYLAND STATE DEPARTMENT OF HEALTH



	r i	MAKTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	It	ens 3213 FilmGliO9 2/21/69 kk CERTIFICATE OF DEATH
€ -24/		ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR 30
offer death	,	Type or print) James Henrice Chas Re Month Day Year 9 12 PM
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YSICIAN: 1 aspitol or certificote hed for us	MEDIC	(If either, natify medical examiner) P.M. 19
NING PHYSIC by the haspii ffer this certii be detached State Dept. of	~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
r the Det		di work di work
ADING d by the After d d be d e State	Н	22a. I certify that (I) (this haspital) attended the deceased from 44 , 1949, to 1244, 1949, that (I) (we) last saw the deceased alive an 1949, and that in (my) (our) apinian death accurred on the date and hour and from the
med med	ı	causes stated abave, (1) (wo) (did) (did nat) view the bady after death.
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1	O2962 CERTIFICATE OF DEATH
any event, within the outs after death	17201)
funerol 1 and er death	DECEASED NAME (Type or print) Daviel Middle Lost Coopee 20. DATE OF DEATH Month Day Year 1 PM
rs offices	SEX 4 RACE COIORE 2 S. DATE OF BIRTH / 1907 6. AGE (in yeors last-birthday) WONTHS DAYS MOURS MIN 1/31/1907 6. AGE (in yeors last-birthday) WONTHS DAYS MOURS MIN
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// 00	1 LSUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c. CITY OR TOWN 13d. INS DE CITY LIMITS? 13e. STREET AND NIMBER EXTY. ST. HISSON) STATE MARIJANA 136 COUNTY CELNANNES CENTRESUITE YES NO 431 S. L. DERTY. ST.
14	FATHER'S NAME FIRST Middle Lost EORSE W. COORER 15. MOTHER'S MAIDEN NAME FIRST / E Middle Lost
1	O WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Il yes give word or dates of service) 220-22-1264 BIRNCHE EARIE CENTRES: 11E, md.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
2	19d. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy? 20d. Fyes, were findings considered in certifying causes of death?
27 (N.) 12	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) P.M. 19
1	While Not while at work at wark
	220. I certify that (I) (this hospital) attended the deceased from
2	22b. SIGNATURE DEGREE PHYS DEGREE PHYS DEGREE PHYS DEGREE PHYS 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
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	BURIAL (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (City or Town) (County) (Store) REMOVE (Specify) 2/13/1969 MT. Z.O.V. CENT. REVIEW Q.A. MA
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MAKTLAND STATE DEPARTMENT OF HEALTH



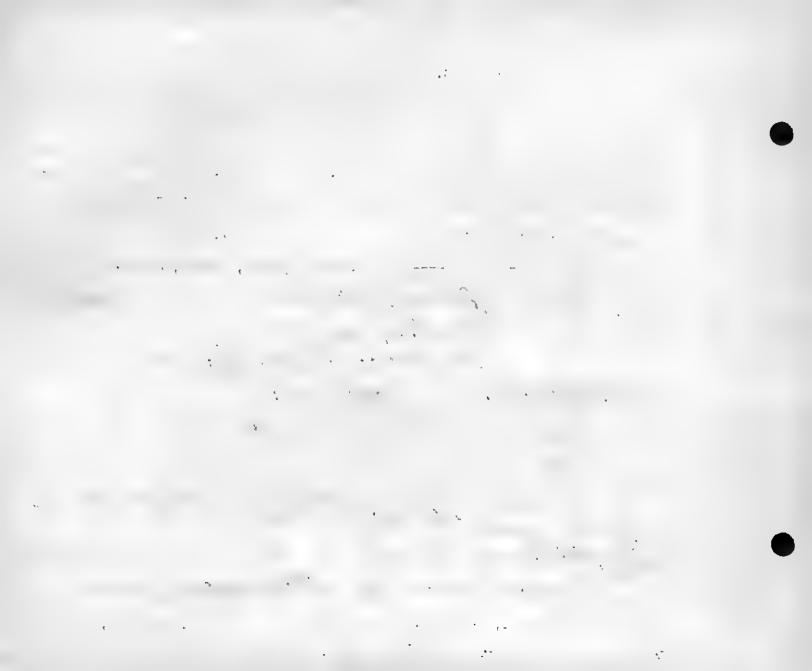
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in the great, within 72 hours after death.		22d PHYSICIAN'S S. KRECH, JP 22e. ADDRESS = ASTON, M&!
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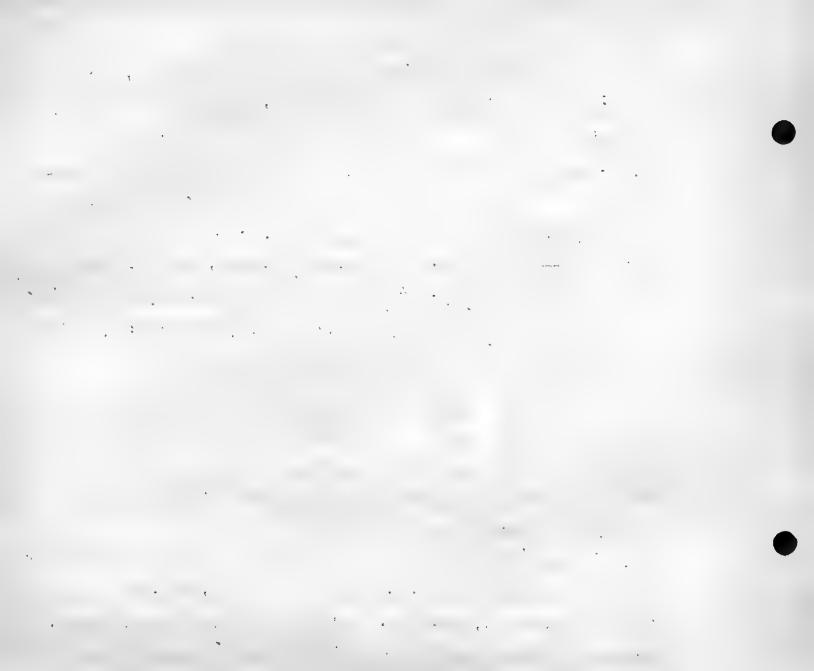
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	and A	7o.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT (OUNTRY?	8. MARRIED NE	VER MARR:ED	9. COUNTY	OF DEATH		
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		MARYLAND STATE DEPARTMENT OF HEALTH
l		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02961
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	14	ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost James H. Lynch Cora Knotts
tificaté hysicha n pleas val, and	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? Bes, no of unknown) (If yes give wor or dates all service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 216-10-2835 Calvin D. Lynch Ridgely, Marylandi
may be retained by the hospital ar attending physician. RAL DIRECTOR: After this certificate has been signed by the ottending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior ta burial, crematian, ar remayal, and in any event, with	No	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse (o), stoting the underlying couse (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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HYSICIAN hospital c s certificat ached far ept. of Hee	MEDICAL C	TOR CONTRIBUTING TOLUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d INITIRY OCCURRED 121e PLACE OF INITIRY (AT HOME, FARM, STREET, FACTORY) 21f 10(ATION Street or R.E.D. No. (ity or Town County State
OR ATTENDING be retained by the DIRECTOR: After the 3 should be ded ded with the State		22a. I certify that (I) (this haspital) attended the deceased from 1-24-69, 19, to 2-17-69, 19, that (I) (we) last saw the deceased alive an 2-17-69 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS.
O HOSPITAL Page 4 may O FUNERAL director, pag should be fit		PHYSICIAN'S Stephen P. Carney, M.D. Re ADDRESS P. O. Box 929, Easton, Md. 21601
TO HOSPII Page 4 m TO FUNERA director, should b	230	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL Spring) 2-20-69 Holy Cross Rural Greensboro, Caroli:
OM REV NEED	24(FUNERAL DIRECTOR ADDRESS ADD

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DIVISION OF VITAL RECORDS, 30 I W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 DECERSISHMENT DECERSISHMENT DECERSISHMENT DECERSISHMENT SERVED S
CERTIFICATE OF DEATH
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3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years if UNDER 1 YEAR IF UNDER 24) Female White January 29, 1879 of Sex Pours of S
Female White January 29, 1879 ost birthdoy) YRS MORTHS DAYS HOURS
70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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St. Michaels , Rio Vista Nursing Home Housewife
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 13d INSDE CITY LIMITS?
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The state of the s
John E. Mitchell Mary P. Denson
The part of the pa
Yes, no, or unknown) ("fyes gave wor or do tes of service) 213-50-1965 Mrs. Marian Lambden, Chestertown, Marylan d
1B. CAUSE OF DEATH (Enter only one cause per lips for (a), (b) and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONTROLL SUPPLY OF THE CAUSE (b) CONTROLL SUPPLY OF THE CAUSE (c) CONTROLL SUPPLY OF THE CAUSE (d) CONTROLL SUPPLY OF
DUE TO, OR AS A CONSEQUÊNCE OF
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stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO CAUSES OF DEATH? 219. ACCIDENT WAS UNDERLYING 1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1) are Part 2, them 18.1
21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
A = 22 = 3 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 County State of
ON CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21d. I
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22a. I certify, that (I) (this hospital) attended the deceased from 19 , and that in (my) (our) apinian death occurred an the date and haur and fram causes stated above, (I) (we) (id) (did not) yiew the body ofter death.
Saw the deceased give an
22b. JGNM UPE 22c DATE SUGNETU ATTENDING MED. STAFF 22c DATE SUGNETU
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
Zid. PHYSIGAR'S 22e. ADDRESS
NAME (Type) R LANE WROTH, M. D. St. Nichaels, Maryland
The part of the pa
REMOTAL (Specify) Rebruary 7, 1969 St. John's Church Deal Island, Maryland
VR ALS POR 24 FUNERAL DIRECTOR 25d. REGISTRAR 25b. REGISTRAR S SIGNATURE
30M REV JON - Harrison Leonard Of Michaels Mid DATE EER 1 1 1999 Michaels



-4		DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMOF	(E, MARYLAND 21201	
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ful fire	3. S	4. RACE	S. DATE OF BIRTH	6 AGE (In years IF	UNDER YEAR IF UNDER 24 HRS.
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ann and and	7a	RTHPLACE (State ar fareign 7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. CO	UNTY OF DEATH	
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in 2 filler hin	10	Y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR II give street address)	ISTITUTION (If not in hospital / 12a. USUAL OCC	UPATION (Kind of work done	12b, KIND OF BUSINESS OR
tiv Agustin 71		ASTON GIVE STIEBL GOOD BSS / M	-MOSIA- HOSE TATE	ケケ ハント にいつかんと ハ	NOUSTRY TILITIES
ed v		SUAL RESIDENCE (Where deceased lived, if institution, Residence before	ESC. CITY OR TOWN 136 INSIDE CITY EM TS2	13e STREET AND NUMBER	757
scut cam		110 14001	- M.J	1305, HUR	PORA ST
ex em em	14	THER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Lost
be see the		OBERT HARDCASTLE	HNNA L.	KICE	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Be retained by the hospital or attending physician. INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral as should be detached for use all the burial-transit permit. Then please remove carbon papers. Pages I and 2 sed with the State Dept of Health priar ta burial, crematian, ar remayal, and in any event, within 172 hours after death.		VAS_DECEASED_EVER_IN_U_S. ARMED_FORCES? 16b. SOCIAL SECURITY CARE_ar unknown) (If yes give war ar dates of service)	20 //	Address	,
The same	-	(If yes give war ar odies of service) 2/3-05-	6271 MRS. KOBERTHA	ROCASTLE EA	APPROXIMATE INTERVAL
em The		8. CAUSE OF DEATH (Enter only one couse per line for fo), (b), and (c) PART I DEATH WAS CAUSED BY:	1)		BETWEEN ONSET AND DEATH
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ar of the heart	ER I	To ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter natu	re of injury in Part 1 or Port 2. Item	n 18.)
ital ifico ifico far far	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeo	19		,
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MAKTLAND STATE DEPARTMENT OF HEALTH

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	and The		18. CAUSE OF DEATH (Er	oter anly ane cause p	er line for (a), (b), and (c))	1	0	/	APPROXIMATE INTE	RVAL DEATH
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_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
2		02965 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
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	1	MARTIAND STATE DEPARTMENT OF HEALTH	
	١.	12972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	
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SS Spired	MEDICAL	[If either, natify medical examiner] P.M. 19 [21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.] 21f. LOCATION Street or R.F.D. No. City or Town County	State
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OSS JNE Standard	220	IO, BURIA, CREMATION, 236 DATE 1 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry. or Town) (County) (State)
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	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02968	
	CERTIFICATE OF DEATH	
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G PHY:	21d INJURY OCCURRED While Not while of twork Not work OFFICE BUILDING, ETC. No. City or Town County	State
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L OR A	22b. SIGNATURE ATTENDING PHYS DIRECTOR STAFF 22c. DATE SIGNED 2-2-4-6-9 22d. PHYSICIAN S 22e. ADDRESS 22	}
A may NERAL Individue puld be	NAME (Type) Stephen P. Carney Mall Easton, Mary 1811d 21000 2/24/	
TO Fuger short	concord concord concord car. M	1 P .
OM REV INS	FONERAL DIRECTOR 250 REGISTRAR SIGNATURE OF DATE FEB 2 0 1969 REGISTRAR SIGNATURE OF DATE OF THE PROPERTY OF T	4.5

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met ^e ut	MARYLAND STATE DEPARTMENT OF HEALTH	
	02974 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02969	
. 2	DECEASED-NAME First Middle Lost 20. DATE OF CEATH	2b. HOUR
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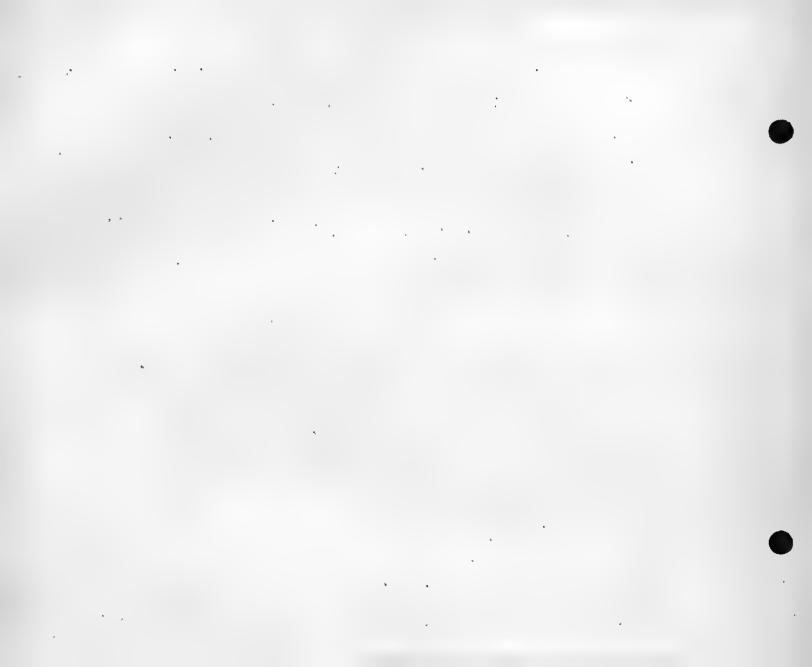




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20 DATE KNOWN HEALTH DEPT. Middle 1 DECEASED NAME First (Type or Print) ESTI-Joshua Feb.23 1969 delay is and 3 ta Page DEATH MATED ö Départment 4. RACE 2c DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH 6 AGE (In years 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED is Give Page. country Maryland WIDOWED DIVORCED with the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON fKind of work done 12b KIND OF BUSINESS OR INDUSTRY emorial Hosp 13d INSIDE CITY LIM IS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13H COUNTY roline R.F.D. #1 Denton YES NO NO and 2 v Middle Last IS. MOTHER S MAIDEN NAME First Middle (G 14 FATHER'S NAME Joshua Porter Sallie Buck hours **ADDRESS** 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17. INFORMANT This certificate should be executed within n pencil (Yes, no, or unknown) 220 - 34 - 9448 Mrs. Lizzie T. Porter, Denton, Md., RFD File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (i) ntaction 1 Tinana BETWEEN DISET AND DEATH pending PART I DEATH WAS CAUSED BY 2 Ihnne IMMEDIATE CAUSE (a) 1 1 1 2 1 2 1 1 1 1 1 1 1 "Pinmmahat a DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove 9 mmc n'mpa inelaspente necessary, please execute the certificate, writing the ward rise ta immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse Ε PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O Cn.c. remayof nsed 20 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 00 6 YES 🗀 Þ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov Year 21c HOW INJURY OCCURRED (Enter nature of mount in Port 1 or Part 2, Item 18) 3 should PRIMARY TO OR CONTRIBUTING -1-HOURAM DICAL EXAMINER: crematian, a mata tatumina CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State Society, inffice building, etc. מכי פע FUNERAL DIRECTOR: Page 日中間 WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection [--] Inquiry [and in my opinion the funeral director. Accident 7 Suicide . Homicide Undetermined manner death resulted fram-Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BUR AL CREMATION, REMOYAL (Specify Concord Cemetery Feb. 26, 1969 Near Federalsburg, Maryland 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** from trampton 11. DATE MAR VR A15ME (5) Muneral Home, Federalsburg, Maryland Framptom



_	1		AND STATE DEPARTMENT OF		
		DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALI	IMORE, MARYLAND 21201	
		02979	CERTIFICATE OF DEATH		02974
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phy en en en		es, no, or unknown) (if yes give wor at dates all service) 220-20	-0999 MARY ROS	S EASTO	n, ma.
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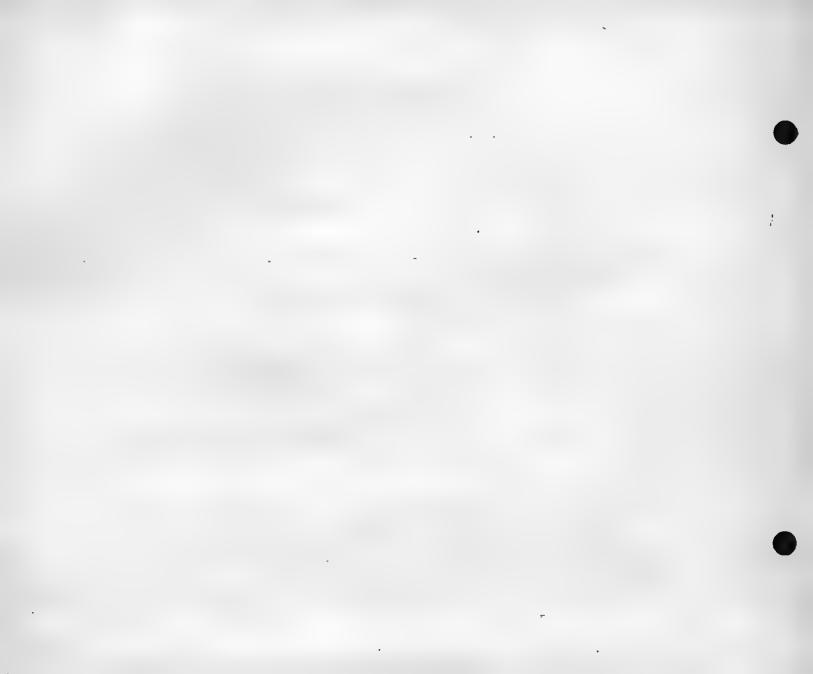
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_		02981		CERTIFICATE OF DEA		02570
death. I death.		CEASED-NAME First Appe or print) Bernard	! W. Smith, Sr.	Last	2a. DATE OF DEATH 2 Month	Doy 196 you 1:10 PM
requires that the death certificate be executed within 24 haurs after, death, a physician. signed by the attending physician and campletely filled in by the teneral suburral-transit permit. They please throwe carban papers. I age 1 and 2 burral-transit permit. They please throwe carban papers. I age 1 and 2 burral, crematian, ar remaval, and any event, within 72 hours offer death.	3 SE	x Male	4 RACE	5 DATE OF BIRTH 9/6/189		hday) YRS IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN
J in by sers. 72 hour	70. 1 cour		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔀 NEVER MARRIED WIDOWED 🔲 DIVORCED	□ Talbot	Md
ove carban paper y event, within 72		ITY OR TOWN OF DEATH Sherwood	give street oddress)	d	20 USUAL OCCUPATION (Kind of Juring most of Working) to war	teren steet
any event, wit	13o odm	USUAL RESIDENCE (Where deceose ssion) STATE / d.	ed lived, if institution: Residence before 13b. COUNTY /albox	Shenwood YES	SIDE CITY LIMITS? 13e. STREET AND NO X	NUMBER
and drug	14, (ATHERS NAME First William Kocin	Middle Losi	- 0_	NAME First Kosedar	Middle Last
navar and		was deceased ever in u.s. Arm es, no, or unknown)	IED FORCES? or of dates of service) 16b. SOCIAL SECURITY 169-03-5		ard W. Smith, S	Sn. Sherwood, Ad.
directar, page 3 shauld be detached far use as the burral-transit permit. Then should be filed with the State Dept. af Health priar to burial, crematian, ar remayar		PART 1, DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	y one couse per lipe for the (b), and (c) BY TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT I	fly gording	EASE OR CONDITION GIVEN IN PART	BETWEEN ONSET AND CHATH CHANDER SHOWS SHO
th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	YES 🗀	NO CAUSES OF DEATH	
,	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN or contributing cause of deat lif either, notify medical examin 21d. INJURY OCCURRED 21e.	H HOUR A.M. Month Doy Yea	19	ED (Enter nature of injury in Part R.F.D. No. City or Town	1 ar Part 2 (tern 18.) County State
		While Not while		sed from (my) (an the date and hour and fram the
e men will an		causes stated above 22b SIGNATURE 22d. PHYSICIAN S NAM! (Type)	(I) (we) (did) (did not) view the	body after death. DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED 9.
director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	230	RURIAL CREMATION 23b.	DATE 230 NAME O Show	F CEMETERY OR CREMATORY	23d LOCATION (City of Sherwood	
LIS WOOD	24	SUNERAL DIRECTOR	ADDRES	S 2So		REGISTBAR S SIGNATURE



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	I (1) NV								
FOR STATE	02977									
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWNY Month Day	Year 25 HOUR								
S 5 8 49	(Type of Print) JIMMY LEE STANCIL OF ESTI- 2 4 6	9, 7:15pp								
any deloy is 2, and 3 to PM3. Poge	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD Month Day Year	2d HOUR								
P dan	May 5, 1934 34 yrs	19 M								
Dep Dep	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH TALBOT									
ges a four		OF BUSINESS OR								
This certificate should be executed within 24 hours ofter death any icote, writing the word "pemding" in pmmcil in Item 18. Give Pages 1, 2, bm forwardmd to thm Chief Medical Exominer's Office long with form P doe used as o burial-transit permit. File pages and Twith the State Depart or removal, and in any event within 72 hours after death	NR EASTON give street address OA MEMORIAL HOSP. during most of working life, even if retired) INDUSTRY									
s ofter 18. Gir long Zwith death	13a USUAL RESIDENCE (Where deceased I sed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER									
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within 24 hours p==cil in Item cominer's Office le pages (on07)	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle William J. Stancil Anna Taylor	Lost								
thin 24 mill in miner's pages haurs	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Glen								
omir omir e po	(Yes an arrange of the control of th	Burnie								
ed with per in p	B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	PROXIMATE INTERVAL VEEN ONSET AND DEATH								
ecute ing" dica with	PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) MULT-FRACTURES SKULL-FR. CERVICAL SPINE									
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the shifted to but and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
fication in graph refind os cost.										
writi writi rwdi rwdi rwdi	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 WAS PERFORMED?	AUTOPSY?								
INER: This certificate, writs shauld be forwar fales. 3 should be used ortion, or remova		YES NO SAY								
	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAR IN 3 CAR COLLISION 21b TIME OF INJURY Month, Day, Year HOUR A M. CAUSE OF DEATH PRIMARY OF CAR IN 3 CAR COLLISION									
NER e cer shigul feles. 3 sho otion	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH C7: 05 PP M. 2-4-6919 DRIVER OF CAR IN 3 CAR COLLISION 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21t LOCATION Street or R F D Na. (ity or Town County)	State								
DICAL EXAMINER: This certificate should be executed within 24 se execute the certificate, writing the word "pemading" in pamacil in ector. Page 4 shmuld be forwarded to the Chief Medical Examiner's med for your files. RECTOR: Page 3 should be used as a burial-transit permit file pages a burial, cremation, or removal, and in any event within 72 haurs	WHILE NOT WHILE TOUTON OFFICE DUILDING, etc.) AT WORK AT WORK HIGHWAY OUTSIDE EASTON TALBOT	Mo								
L EXA ecute Poge or you or you ral, cre		d in my apinian								
PICA e e e v ritor. FCTO	death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner									
pleose ey director. retoined d	ACTUAL LEGIS AND THE CHIEF MEDICAL EXAMINER []									
TY, Py, Peral Se ra SAL SAL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (
necessory, please execute the the funeral director. Page 4 si 5 may be retained for your fi 10 FUNERAL DIRECTOR: Page 3 Health prior to burial, cremo	EXAMINER'S NAME (Type) WELTY ACT! NEPUTY MEDICAL EXAMINER 2-4-69 ADDRESS(Street, city, town, or county)									
10 1 He	23a BURIAL (REMAT ON, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) REMOVE (Departy) 2-8-69 Good Shephard Cemetery Ellicott City Howar	(State)								
	REMOVAL (Specify) Burial 2-8-69 Good Shephard Cemetery Ellicott City Howar 24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE									
VR A15ME [5]										
10M REV 1/6	Howard H. Hubbard 4107 Wilkens Ave. 21229 PATE FEB 1 0 1969 October	udge								
1,11										



1 1	It:	ems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 25-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
FOR STATE		02983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02978
HEALTH DEPT.			Day Year 2b HOUR-
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Sany Sany	70.	SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	2	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1	Md 12b KIND OF BUSINESS OR
deate Post	,	give street address) / during most of working I fe, even if retired)	INDUSTRY
frem 18. Give Poges 1, Office algain with form and 2 with the State Deforter leath	130	USUAL RES DENCE (Where deceased lived at institution. Residence before 13c CITY OR TOWN 3d Inside CITY EM 137 13e STREET AND NUMBER 7	#3
hin 24 hours offeral in them 18. Grandin in them 18. Grandin in the pages I and 2 with hours ofter Leoth	14 F	ATHERS NAME First Middle Lost IS MOTHERS MADEN NAME First Middle DEN	TION, MD
		WAS DECEASED EVER IN U.S. ARMED FORCES? 165, not of writing own) (It yes the properties of service) 17 INFORMANT ADDRESS ADDRESS	
TY DICAL EXAMINER: This certificate should be executed with y, please execute the certificate, writing the word "pending" in period director. Page 4 should be forwarded to the Chief Medical Example retained for your files. AL DIRECTOR: Page 3 should be used as a Euriol-transit permit. File prior to burial, cremation, or removal, and in any event within 72.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMICDIATE CAUSE (a) IMMICDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
exe endii f Me it pe ent v		7 26 X DUE TO, OR AS A CONSEQUENCE OF	
d be rd "p Chie trans		Conditions, if ony, which gave is to immediate cause (a). (b) Intra-abdominal hemorrhage DUE TO, OR AS A CONSEQUENCE OF	
shoul the the uriol- in an		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ficate sing the ded to ded to as a let.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (o)	
INER: This certificate, writing should be forward files. 3 should be used a 3 should be used a control or removal.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY? YES NO NO
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IER: certif oould les. should tion,	MEDICAL	PRIMARY GOR CONTRIBUTING CAME CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH Stabbed in fight	
	¥	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK TO AT WORK	Caunty State
L EXAN cecute the Poge 4 for your NR: Page			and in my apinian
DEPUTY DICAL EXAM reassory, please execute the e funerol director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		death resulted fram, Natural causes 🔲 , Accident 🔲 , Suicide 🔲 , Hamicide 🗵 , Undetermined manner (
please experience of director.		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (226 DATES	CICNED
and in a minimum		TYPE DEPLOY MEDICAL EXAMINER A	2-69
ro DEPUTY necessory, the funero 5 moy be 70 FUNERA		NAME (Type) LOUIS WILTY NEL ADDRESS(Street, city town, or county)	
TO D nece the 5 m 70 FL	239	EXPAN 2/5/69 SPRINGROVE DENTONCAN	(County) (State)
VR A15ME (5)	24	EUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRARS 5	SIGNATURE CONTROL OF THE SECOND CONTROL OF T
10M REV 1/68	1	sources in the person, the	



—]			DIVISION OF VII	TAL RECORDS, 3	01 W. PRESTON:	STREET, BALTIMO	DRE, MARYLAND 21		
•		02984		C	ERTIFICATE O	F DEATH		02979	
- <u>2</u> -€		ECEASED NAME First		Middle	Last		o. DATE OF DEATH	D V	2b. HOUR
attending physician. has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 th prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.	Ľ	(ype ar print) BRC	OKS BRY	AN STI	EILKIE		Februa:	ry 5, 1969	8 A
fur ss 1 ffer	3. SI		4. RACE		S. DATE OF		6 AGE (In ye	OFS IF UNDER YEAR IF	UNDER 24 HRS
the sage	L	Male		ite		ber 3, 18	0.3	YRS.	-OOKS MILK
100	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	^{8.} Marrieo Never A	HARRIED	COUNTY OF DEATH		
2		" Maryland	USA			VORCED	Talbot (Mi
差れん	10.	CITY OR TOWN OF DEATH	II NAME give stree		TUTION (If not in haspite	al 12a. USUAL 0 during mast	CCUPATION (Kind of work of working life, even if re	tired) 126 KIND OF BU (INDUSTRY Seafoo	SINESS OR
* Comment	17-	Bozman USUAL RESIDENCE (Where decease	ad board of institution		13c CITY OR TOWN	38. INSIDE CITY EIMITS	terman	Searoo	d
v even	adm	ission) STATE Maryland	13b. COUNTY Talb	Ot Detare	Bozman	YES NO		BEK	
or remayal, and in any	14, 1	FATHER'S NAME First	Middle	Last		MAIDEN NAME First		ddie	Last
5	14	Gustavus	Steilkie	COCIAL SCOUNTY	He	ttie Brow			
		WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give v	for dates of sepure)	SOCIAL SECURITY NO				dress	
5	⊨			17-30-803	12 Herndon	Stellkie	, Bozman, M	APPROXIMAT	FINTERVAL
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line to) BY:	or (a), (b), and (c)	26 - 00			BETWEEN ONSE	T AND DEATH
i		IMMEDIA	ITE CAUSE (a)	aca	eji ca	2			
		Canditions, if any, which gave)	DUE TO, OR AS A	CONSEQUENCE OF	1 Dana	Kadei		_	
		rise ta immediate cause (a), ((b) DUE TO, OR AS A	CONSEQUENCE OF A	001100	00 701		_	
		stating the underlying cause last.	(4)	D.	eend				
		PART 2. OTHER SIGNIFICANT COM		TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONC	OITION GIVEN IN PART 1(a)		
	=								
_	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF		UTOPSY?	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN CERT	TEYING
)					YES				
		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. N	IURY Ianth Day Year	21c. HOW INJURY	OCCURRED (Enter no	ture of injury in Part I or	Part 2, Item 18.)	
	MEDICAL	(If either, natify medical examinated 121d. INJURY OCCURRED 21e.	ner) P.M.	19 HOME FARM STREET FACTO	PY 1 OLGATION 5	trant or D.F.D. No.	Edu on Town	fount.	State
		While Not while -	OFF	ICE BUILDING, ETC.	PRY.) 21f. LOCATION S	DIEET OF K.F.D. NO.	City or Tawn	County	2(018
		22a Leastifus that (1) (th	is hashital) attend	ed the deceases	from 195	6 19	. to 2 5	19/0 9 that (I) (we) las
		saw the deceased a	live an		Gand that in	(my) (our) a pinia	n death occurred an	the date and haur an	d fram the
		causes stated abave	e, (I) (we) (did) (did	nat) view the b	ady after death.				
		22b SIGNATURE	Mhoo	.00	DEGREE PHYS	NDING MED	TOR STAFF	22c. DATE SIGNED	2
	1	22d. PHYSICIAN'S	11.166			ADDRESS DIREC	TOK LA PHYS. LA	1-6 61	
			GUY M. REE	SER, Jr.	,		aels, Maryl	and	
-	23a.	BURIAL CREMATION 23b.			METERY OR CREMATOR		3d LOCATION (City or Tow		(State)
		REMOVA IS PEGEN FO	b 8, 1969		Cemetery	,		Maryland	
ass	24,	FUNERAL DIRECTOR	600	ADDRESS	2.10	259 RECID BY R	EGISTRAR 25b. REG	ISTRAR'S SIGNATURE	
N	-	Torrison (O. Leona	rd Let.	Michel	ME LD	1 1300	11 0	100

MARTLAND STATE DEPARTMENT OF HEALTH



				STATE DEPARTMENT OF I		
				301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
		12580 Item#13,	a,b,c,e,FilmGhl	ERTIFICATE OF DEATH		02980
축 -24		DECEASED-NAME First	M.ddle	Lost	20. DATE OF DEATH	2b. HOUR △
r death. 'uneial 1 shd 2 er death.		(Type or print)	L.		Manth 2 Day	5 Yeor's I . JM
naurs after death by the funeial s. Pages I and 2 haurs affer death	3.	SEX TO TO TO	RACE TITLE	S DATE OF BIRTH		F JHDER YEAR IF UNDER 24 HRS DHTHS DAYS HOURS MIN.
ours au	70		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers.	COI	Intry) MARYLAND	4.S.A	WIDOWED DIVORCED	TALBOI	Md.
vithin 24 sly filled ban pape within 77	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	dusing To	act of working life even if retred	126 KIND OF BUSINESS OR INDUSTRY THE TO TOUS IN EST
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the hospital ar attending physician. RECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending by shall be detached far use as the burial-transit permit. Their please remaye carbon papers. Pages 1 with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs affer	13a ajdi	USUAL RESIDENCE (Where deceased in mayor) STATE DE 4 4 4 7 5 1	county Add Talb.	13c CITY OR TOWNE AS & BALINSIDE CTY I	IMITS? 13e STREET AND NUMBER 17	3 South
exection of the company of the compa	14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
be ex n and e rem lín an	n s	amuel thilts	THOMA'S STEWA	257 MANW 141.111	HHANAH-F/Anastasi	a Richardson
icrot and and	16	a. WAS DECEASED EVER IN U.S. ARMED F. Yes, not of unknown) (If yes give war or de	ORCES? 166. SOCIAL SECURITY N	120112	Address	
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ne death ce attending permit. The		18. CAUSE OF DEATH (Enter only on	e cause per line for (a), (b) and (f)	10 1		APPROXIMATE INTERVAL BETWEEN ONSEP AND DEATH
eatl endi arr		PART I DEATH WAS CAUSED BY: IMMEDIATE CA	IUSE (a)	static primine	i 6	1 wh
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The atte has se a th pr				YES NO NO	CAUSES OF DEATH?	
ar us	15		216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2, Item	n 18)
ICLA Pite and the second secon	MEDICAL	(It either, natity medical examiner)	HOUR A.M. Month Doy Year P.M. 19			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. of Health priar to burial, crea	N	21d INJURY OCCURRED 21e PLAC While Not while at work	E OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County Stote
OR ATTENDING or retained by the IRECTOR: After 1 e 3 should be de	1	22a. I certify that (I) (this ha	spital) attended the decease	d from 16061 , 194	18, to 3 700, 1960	5_, that (i) (we) last
ed bed bed bed be S	- [(we) (did) (did nat) view the b		inian death accurred on the date	and haur and from the
TA tain tain the tain		22b SIGNATURE	(ald har) view the c	oddy difer death.	22c DA1	TE SIGNED #
IREC d w		1 Kenstu	Herring 1	DEGREE PHYS	MED STAFF STAFF 5	12669
AL D	<i>,</i> []	22d. PHYSICIAN'S——	/	22e. ADDRESS	2 1/ 0 1	
SPIT 4 mm der, f		NAME (Type) / TURS7	ON MARRIST	N CAN.	le Mary black	
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23	BURIAL (REMATION, 23b. DATE		EMETERY OR CREMATORY	238. LOCATION (City or Town)	(County) (State)
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VR A15 (4) 30M REV 1/68	- 63	FUNERAL DIRECTOR	ADDRESS		PREGISTRAR 25b. REGISTRAR S SIGN	SNATUKE
30W KEA 1/88		1 coursell	- GRAFF	A RA DATEB	TO 12 0 1	

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<i>→</i> 1		02986	DIVISION OF		301 W. PRESTON STRE			0000	
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death. neral and 2 death		Type or print)	ाम- <u>स</u>	Middle M_	TRAVERS	20. DA	TE OF DEATH Month 2 Do	y 6 Yelfi,9	2b. HOUR
	3 5	I sub	4. RACE	,)	S. DATE OF BIRT	14.06	6. AGE (In years lambuthday) YRS.		UNDER 24 HRS.
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ate be	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY	ALT VERHI	E MACL G		LR. Aucora	<u></u>
rtifico shyse ival) c		(es, no, osuriknown) (# yes give	war or dates at service)	214-36-5	456 MASTRANCI	SW, WELON V		ASTON N	10
ne death certific attending phys permit Then tan, ar remaval		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	Ny one couse per lin D BY	e for (a), (b), and (c)	canthing to	Least Seiler	7.4	APPROXIMATE BETWEEN ONSET	NYERVAL AND DEATH
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nat the		Cond tions, if ony, which gove rise to immediate cause (a),	(b)	S A CONSEQUENCE OF	ny alheronely	urac.		<i>C? J</i>	
equires the physician. signed by burial-tran	L	stoting the <u>underlying couse</u> lost.	(c)	S A CONSEQUENCE OF	/				
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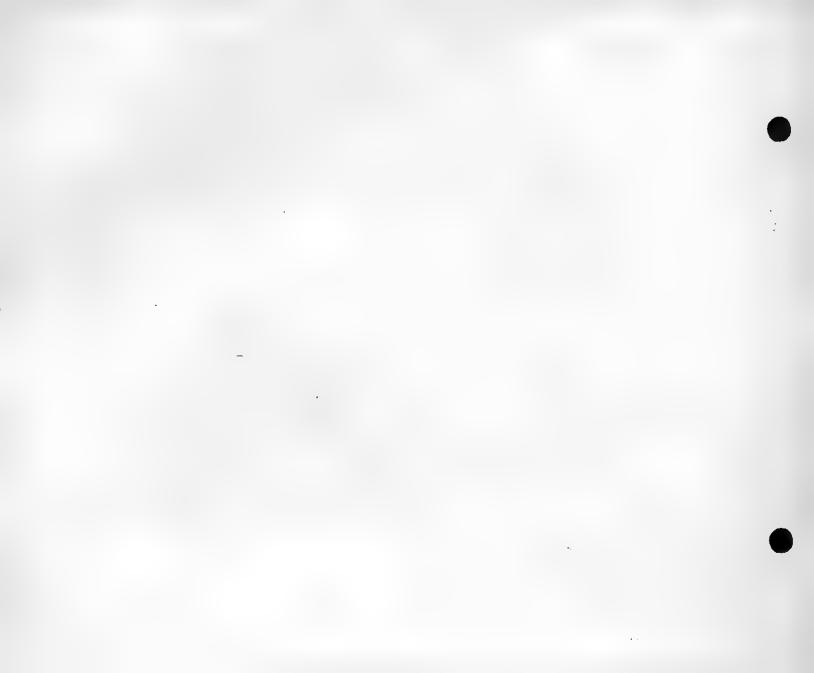
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	3 SE	x mola	4 RACE	S	OATE OF BIRTH	6 AGE (In years last y thoay)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Ī	7a. [SIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	8 MARRIEO WIDOWED	NEVER MARRIED 9	COUNTY OF DEATH	Md
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ı	U CERTIFICATION	21 d. ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING CAUSE OF DEAT			INJURY OCCURREO (Enter	nature of injury in Part 1 or Part 2,	, Item 18.)
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		22b. SIGNATURE	- 8 Carl	DEGREE		D STAFF 22c.	2-7-69
/		22d PHYSICIANS Steph	en P. Carney, M.D.		22e ADDRESS P.O.	Box 929, Easto	n, Md.
	230.	BURIAL, CREMATION, 23b.	DATE 6. 10, 1969 23 NAME OF	CEMETERY OR CR	CEMETERY	230 LOCATION (City or Lown) CENTREVILLE, G	((aunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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-/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	02988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02983						
HEALTH DEPT. 5年第一章	PLACE OF DEATH O COUNTY A b 5 MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, Institution, Residence before admission) b. COUNTY b. COUNTY						
PM3 rogard 3	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) TO UTO ATT ATT OR TOWN (If outside corporate in its, write RURAL and give nearest town)						
o Dep	a NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) a. STREET ADDRESS a. STREET ADDRESS b. ITTRESS. B. IS RESIDENCE ON A FARM? YES NO F						
hours ofter deoth. I tem 18 Gwernages Office along with the ond 2 with the State r deoth.	NAME OF DECEASED (Type or print) Charlotte Cratt Daritiald DEATH TEG. 8 1964						
n 18 Gire alon ice al	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lift under 14 are) Months Odys Hours Min						
thin 24 hours and in Item 18 miner's Office of pages lond 2 vours offer deoth	On USJAI OCCUPATION (Give kind of work done pring most of working life even firet red) 10b K NO OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (State or foreign country) 12 (TITZEN OF WHAT COUNTRY? U.S.R.)						
be executed within 24 "pending" in pencil in ref Medicol Examiner's ansit permit. File pages 1 ent within 72 hours ofte	3. FATHER'S NAME HENRY CRAFT EMMR GRIOWRY						
re executed 'pending'' ir ef Medicol I last permit.'s nst permit.'s nst within 72	5. WAS DECEASED EVER IN U.S. ARMED PORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 Yes, no. or unknown) (If yes give wor or dotes of service) 578-68-1684 76h & Davidge Wartheld Royal Cak, M.						
This certificate shauld be executed within 24 hours oft icate, writing the word "pending" in pencil 'n Item 18 (be forworded to the Ch'ef Medicol Examiner's Office alone to see as a burial transit permit. File pages lond 2 with removal, and in any event within 72 hours ofter death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS (A JSED BY IMMEDIATE CAUSE (a) ACT TO THE TOTAL DESTREEN ONSET AND DEATH ONSET AND DEATH						
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iL EXAMINER cecute the ce Poge 4 shou for your files OR: Poge 3 shou ol, cremation,	Haur a m. 19 While Not White of work o						
MEDICAL EXA please execute director. Poge estained for you DIRECTOR: Poge r ta buriol, cren	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner						
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MARYLAND STATE DEPARTMENT OF HEALTH

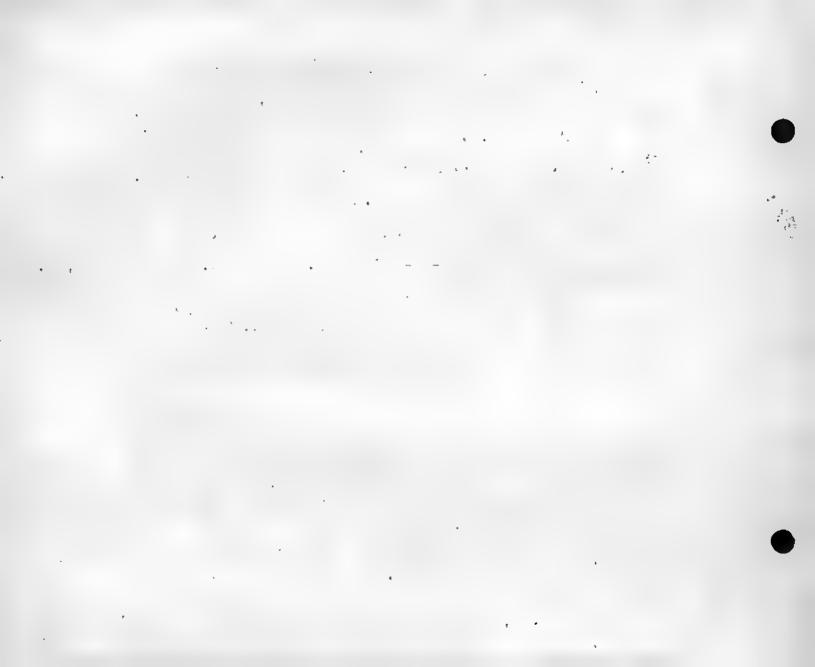


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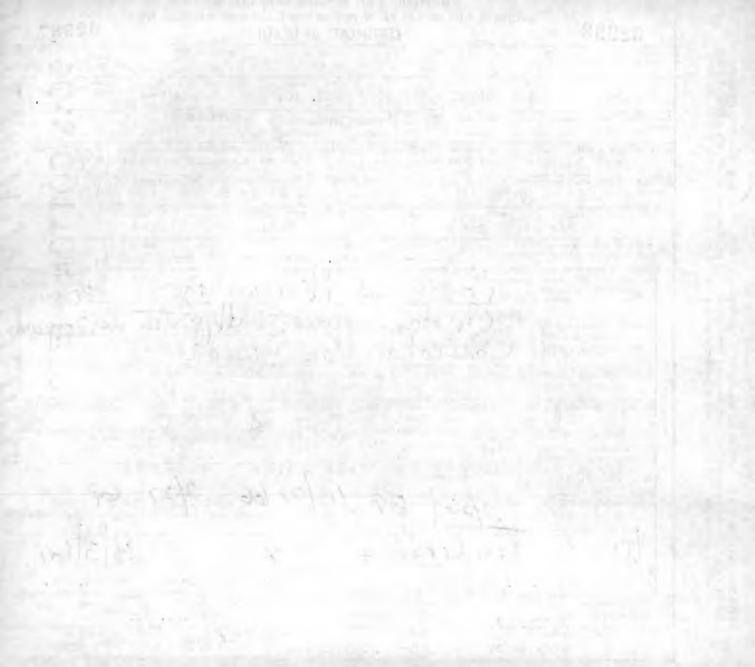
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OR be re DIRE	L		German.	DEGREE PHYS	DIRECTOR PHYS.	4 2001
IAI AI Page e fill		22d. PHYSICIAN S NAME (Type)	1 H Suban	-/ 1 228 ADDRESS	A. M. 2	11.01
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt		Manc (1 the)	C.11. 18 1/776	11.	acon, "Ille !	YOU
HO H	2 3a	BURIAL CREMATION, 23b.		CEMETERY OR CREMATORY	23d LOCATION (City at Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	,	REMOVAL (Specify)	eh 27 69 Richa	rds Memorial	Easton Talbot	Maryland
VRAISBO	24.	FUNERAT DIRECTION 426 D	over Street ADDRS	ston. N.d 25a. REC	D BY REGISTRAR 25b. REGISTRALS	GNA IRE Judge
30M REV I ISS		12 077	asker B Da	shiell Fun	LEDK 9 1909	00



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02987 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH First 2b. HOUR death. within 24 hours after death funeral and (Type or print) February MINNIE WRIGHT IVINS 4. RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX last hirthday) MONTHS HOURS Female White Oct. 10, 1901 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country USA Talbot WIDOWED [25] DIVORCED [filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done event_within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) sician and completely pleose remove corbon Easton 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) Natyland 36. COUNTY Toline (Smithville) NO X Federalsbur burial, cremation, or removal, and in any Middle 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First the attending physician and sit permit. Then pleose rem Abi jah Tvins Dora Carrol1 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes_no. or unknown) (If yes give war or dates of service) 219-07-6146 Mrs. Audrey Lee Hubbard, Hurlock, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed by the burial-tronsit p Conditions, if any, which gave) rise ta immediate cause (a). stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b Page 4 moy be retained by the hospital or attending been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinian death occurred on the date and hour and from the saw the deceased alive an... did) (did nat) view the bady after death. causes stated above. (1) Luc director, page 3 should be filled ed PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Br. W. A. Anderson Court House Green Denton. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town). 230. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Junior Order Cemetery Preston, Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. 2Sa. William Vacioners Framptom Funeral Home, Federalsburg, Maryland 30M REV. 1/6



	1			STATE DEPARTMENT OF		
		02993	DIVISION OF VITAL RECORDS,			
		(INOO C	C	ERTIFICATE OF DEATH		02989
Ę.	1. D	CEASED-NAME / Firs	n Middle	Last	20. DATE OF DEATH	2b. HOUR
death	(1	ype or print)	Rence.	Voung	2 Month 2 Day	6 8 230 M
	3. SE		4. RACE	S. DATE OF BIR H	6. AGE (In years	IF UNDER I FEAR IF UNDER 24 HRS.
	1	MALE	WHITE	1 AN/11-	1897 last birthday) YRS.	MONTHS GAYS HOURS V MIN
	70.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	cour	W. VA.	USA	WIDOWED DIVORCED	TA-160T	Md.
1	1D. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST gije street address)	ITUTION (If may in hospital 171a. U. during	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
0	10	E ASTON	Memoris	21 DODITALEN	mest of working life, even if retiled b	T. K.K.
7	adm	ission) WATE YLAN		13c. CITY OR TOWN 13d. INSIDE CIT	NO 2 13e. STREET AND NUMBER	FICLDS
5		ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
04	L	J, VV	· YOUNG	Gene		FITES
		WAS DECEASED EVER IN U.S. AR es, na, or unknown) (If yes give	MED FORCES? war or dates of service)	MRS. BARBE	ARA YOUNG - STEV	ensville MD.
	-	Ne		THOUSE STINIST	INIA JOURG STOR	APPROXIMATE INTERVAL
		IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), and (c).) ED BY:	MA OF T	HR Cang	BETWEEN ONSET AND DEATH
		IMMED	ED BY: NATE CAUSE (0) CARCINO	10 1 0 1 1	are Eury	3/25
172		100/	DUE TO, OR AS A CONSEQUENCE OF			
		Candilians, if any, which gave rise to immediate cause (a),			/	
		stating the underlying cause				
		lost.) (()	*- <u>*- *- · · · · · · · · · · · · · · · · · </u>		
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	PRODUITION GIVEN IN PART 1(0)	
	8					
4	3	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
×	CERTIFICATION			YES NO	XI .	
		210. ACCIDENT WAS UNDERLY		21c, HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or Part 2, I	fem 18.)
	MEDICAL	(If either, natify medical exam	niner) P.M. 19			
	W	21d. INJURY OCCURRED 21d While At work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACE	ORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
						10
		22o. I certify that (I) (t	his haspital) attended the deceased	d from 72, 19	164, 10 2 - 3 , 19	64, that (I) (we) lost
		saw the deceased	olive on 2/2/04 19	, drid that in (my)/(our) o	pinion death occurred on the do	te old hour and from the
			re, (I) (we) (did) (did not) view the b	day grier death.	100	DATE CIONED
		22b. SIGNATURE	119 1016	DESREE PHYS.	MED. I STAFF I	DATE SIGNED
		22d. PHYSICIAN'S	7 (5.000)	22e. ADDRESS	DIRECTOR L PHYS. L	17/0/
1			. Smith, M.D.		, Maryland	
	23a	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF C	EMETERY OR CREMAJORY	23d. LOCATION (City or Town)	(County) (State)
		Bemoye (Sperity)	AFEB. 6 DULA		LUTHERVILLE	MARYLAND
9 0	24.	FUNERAL DIRECTOR	paddress.	250. REC	D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
烈	6	degendeda	ne Churchette	CONTRACT POATE	EB 10 taga	1

